

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522768 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/	/			
2		/		/			52		/	/			
3		/		/			53		/	/			
4		/		/			54		/	/			
5		/		/			55		/	/			
6		/		/			56		/	/			
7		/		/			57		/	/			
8		/		/			58		/	/			
9		/		/			59		/	/			
10		/		/			60		/	/			
11		/		/			61		/	/			
12		/		/			62		/	/			
13		/		/			63		/	/			
14		/		/			64		/	/			
15		/		/			65		/	/			
16		/		/			66		/	/			
17		/		/			67		/	/			
18		/		/			68		/	/			
19		/		/			69		/	/			
20		/		/			70		/	/			
21		/		/			71		/	/			
22		/		/			72		/	/			
23		/		/			73		/	/			
24		/		/			74		/	/			
25		/		/			75		/	/			
26		/		/			76		/	/			
27		/		/			77		/	/			
28		/		/			78		/	/			
29		/		/			79		/	/			
30		/		/			80		/	/			
31		/		/			81		/	/			
32		/		/			82		/	/			
33		/		/			83		/	/			
34		/		/			84		/	/			
35		/		/			85		/	/			
36		/		/			86		/	/			
37		/		/			87		/	/			
38		/		/			88		/	/			
39		/		/			89		/	/			
40		/		/			90		/	/			
41		/		/			91		/	/			
42		/		/			92		/	/			
43		/		/			93		/	/			
44		/		/			94		/	/			
45		/		/			95		/	/			
46		/		/			96		/	/			
47		/		/			97		/	/			
48		/		/			98		/	/			
49		/		/			99		/	/			
50		/		/			100		/	/			
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	35	←		←
TOTAL CLAIMS							TOTAL CLAIMS			36			